Town Hall: IOM Report - Future of Rural Health

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Important differences between rural and urban areas that affect health care service delivery

- health behaviors
- demographics
- income, education, insurance status
- multi-ethnicity
- healthcare availability
Multi-Ethnicity

- Minority groups are a growing proportion of rural and small town populations, particularly among children and younger, working-age adults.

- For the 2000 census, 10.2 million rural residents identified themselves as belonging to racial or ethnic groups – a 30% increase over the last decade.

Addressing the Quality Challenge in a Rural Context

Although the evidence pertaining specifically to rural areas is sparse, what does exist corroborates the general finding that, as documented for the nation overall in the Quality Chasm report, the level of quality falls far short of what it should be.
5-Part Strategy to Address Quality Challenges in Rural Communities:

1. Adopt an integrated, prioritized approach to addressing personal and population health needs at the community-level.

2. Establish a stronger quality improvement support structure to assist rural health systems and professionals.

5-Part Strategy (continued):

3. Enhance human resource capacity of rural communities -
   - health care professionals
   - rural residents

4. Monitor and assure that rural health care systems are financially stable.

5. Invest in building an information and communications technology (ICT) infrastructure.
Six Aims for Improvement
Health System & Community Level

1. Safety – avoid injuries
2. Effectiveness – evidence based care
3. Patient – centeredness
4. Timeliness – avoid harmful delays
5. Efficiency – avoid waste
6. Equity – prevent quality differences

Addressing Personal and Population Health Needs
Rural health care systems and communities – laboratories for design, implementation and testing of alternative strategies.

Need to develop a new cadre of health care leaders capable of viewing clinical care in the broader context of population health.
Establishing a Quality Improvement Support Structure

Strengthening Human Resources
# 3

Congress should provide resources to HRSA to expand experientially based workforce training programs in rural areas to ensure that all health care professionals master core competencies of providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics.

The Rural Workforce Pipeline

1. Prepare elementary and high school students in basic science and exposure to role models
2. Recruit students from rural areas
3. Locate education and training programs in rural areas
4. Use rural appropriate curricula
5. Encourage students to seek employment in rural areas
6. Sustain the rural workforce

Source: Hart et al., 2002.
# 4

Schools of medicine, dentistry, nursing, allied health, public health, and programs in mental and behavior health should:

- Work collaboratively to establish outreach programs to rural areas to attract applicants.
- Locate a meaningful portion of education in rural communities. Universities and 4-year colleges should expand distance learning programs and/or pursue formal arrangements with community and other rural tribal and traditionally black colleges.

# 4 (continued)

- Make greater effort to recruit faculty with experience in rural practice, and develop rural-relevant curricula.
- Develop rural training tracks and fellowships that:
  1) provide students with rotations in rural provider sites;
  2) emphasize primary care practice;
  3) provide cross-training in key areas of shortage in rural communities.
The federal government should provide financial incentives for residency training programs to pursue rural tracks by linking some portion of graduate medical education payments under Medicare to achieve this goal.

Providing Adequate and Targeted Financial Resources
# 7

- HRSA and SAMHSA should conduct a comprehensive assessment of the availability and quality of mental health and substance abuse services in rural areas.

- This assessment should include:
  
  # 7 (continued)

- Review insurance and programs in the public and private sectors that support mental health and substance abuse services, and the populations served by these payers and programs.

- Evaluate current funding adequacy and analyze alternative options for better aligning funding sources and programs to improve access and quality of services.
Utilizing Information and Communications Technology

Strategy to Include Rural Communities

1) Include a rural component in the National Coordinator for Health Information Technology (NCHIT) plan,
2) Provide all rural communities with high-speed access to the Internet,
3) Eliminate regulatory barriers to the use of telemedicine,
Strategy (continued)

4) Financial assistance to rural providers for investments in EHRs and ICT,
5) Foster ICT collaborations and demonstrations in rural areas
6) Provide ongoing educational and technical assistance to rural communities to maximize the use of ICT.

(Eysenbach, 2000)
# 10

- Congress should provide direction and financial resources to assist rural providers in converting to EHR’s over the next 5 years. Working collaboratively with the NCHIT:
  
  - IHS should develop a strategy for transitioning all of its provider sites (including those operated by tribal governments from paper to e-health records.)

# 12

- NLM, with the NCHIT and AHRQ, should establish regional ICT/telehealth resource centers interconnected with the National Network of Libraries of Medicine. These resource centers should provide a full spectrum of services, including:
  
  - Information resources for health professionals and consumers.
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